



**MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF CHILD SUPPORT ENFORCEMENT**

Name: \_\_\_\_\_  
IV-D Case No.: \_\_\_\_\_

**REQUEST FOR USE OF ALTERNATE ADDRESS**

Please enter the address shown below in my Child Support Enforcement case record.

The Division of Child Support Enforcement may contact me at this address and/or use this address for the service of any legal documents.

I understand that the address below may be released to the other parent and/or his/her legal representative without further notice to me.

**Alternate Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number**

(\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date I Signed the Form)